

Jurisdiction/Agency \_\_\_\_\_  
Current Fiscal Quarter \_\_\_\_\_

**REFERRALS**

Referred Youth \_\_\_\_\_

Age *M* (*SD*) \_\_\_\_\_

Gender

Male \_\_\_\_\_

Female \_\_\_\_\_

Other \_\_\_\_\_

Race/Ethnicity

Black or African American \_\_\_\_\_

White \_\_\_\_\_

Hispanic or Latino \_\_\_\_\_

Asian \_\_\_\_\_

Native American \_\_\_\_\_

American Indian or Alaskan Native \_\_\_\_\_

Pacific Islander \_\_\_\_\_

Native Hawaiian \_\_\_\_\_

Multiracial \_\_\_\_\_

Other \_\_\_\_\_

Top 3 Referral Sources

If Agency (select below)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Top 3 Presenting Risk Factors at Intake

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ENROLLMENT**

**ENROLLMENT**

Youth Served \_\_\_\_\_ 0

Age (Mean) \_\_\_\_\_ 0

Gender

Male \_\_\_\_\_ 0

Female \_\_\_\_\_ 0

Other \_\_\_\_\_ 0

Race/Ethnicity

Black or African American \_\_\_\_\_ 0

White	0
Hispanic or Latino	0
Asian	0
Native American	0
American Indian or Alaskan Native	0
Pacific Islander	0
Native Hawaiian	0
Multiracial	0
Other	0

Types of Services Provided	
24-hour crisis line	0
triage crisis response	0
walk-in crisis team	0
stabilization services (in-home supports)	0
respite	0
services	0
follow-up services	0
long-term stabilization services	0

### DISCHARGES

Number of Repeat Enrollees	0
----------------------------	---

### DISCHARGES

Youth Discharged	0
------------------	---

Stabilized in Community at Discharge	
Same Placement	0
New Placement	0

Placement Disruption	
Yes	0
No	0

Higher Level of Care Needed	
Yes	0
No	0

Connected to Long Term Services	
Yes	0
No	0

Length of Service <i>M</i>	0
----------------------------	---

DSS Involvement	
Yes	0
No	0
Unknown	0



